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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										C D-4-
										Case Rate-
										Excluding
				Cardiac valve and other major		_				Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 14,686.95	\$ 5,517.78	\$ 19,770.89	\$21,378.59	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 80.363.76	\$ 16,237.64	\$ 119,500.01	\$40,682.71	CPT/HCPCS
			.50			÷ 55,500.70	+ 10,107.04	+ 115,500.01	Ţ.5,30Z.7 I	.,
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						_
Hamital Investigat C	Handad Incation	DDC	470			A 20 000 55	6 0.070 45	A F7.000.00	636.647.06	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 38,980.36	\$ 8,070.44	\$ 57,963.36	\$26,015.09	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 41,645.77	\$ 10,123.74	\$ 61,926.79	\$30,020.70	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 72,498.64	\$ 12,375.85	\$ 111,536.38	\$33,747.25	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 48,198.31	\$ 8,559.98	\$ 74,151.25	\$26,894.26	CPT/HCPCS
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		200	***	HIP FEMUR PROCEDURES EXCEPT		4044055	A 6 745 -5	A 64 700 55	400 505 55	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 40,118.30	\$ 6,745.73	\$ 61,720.46	\$23,636.02	CPT/HCPCS
										Corre Doi:
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,895.03	\$ 9,438.20	\$ 72,146.20	\$28,471.47	CPT/HCPCS

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Service Category	Service Setting	code Type	Code	Description	Servicer	<u>Cash Price</u>	Charge	Charge	charge	Estimate Type
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										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34.116.50	\$ 7,426.74	\$ 52,486.93	\$24,859.06	CPT/HCPCS
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										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 21,526.46	\$ 3,828.29	\$ 32,009.60	\$19,977.95	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 19,365.15	\$ 4,255.93	\$ 29,792.54	\$21,390.22	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hasnital Innationt Stay	Hasnital Innationt	DRG	812	MCC	No	ć 12 420 00	¢ 2.055.49	\$ 20,675.36	¢17 022 44	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	טאט	012	IVICC	140	\$ 13,438.98	\$ 2,955.18	\$ 20,675.36	\$17,932.44	CF I/TICPCS
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										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	GRAFT OR INHAL INJ W CC/MCC	No	\$ 64.891.63	\$ 21,639.28	\$ 99,833.27	\$57,135.91	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	שוע	320	GRALL OR HALLES W CC/MICC	IVO	A 04,031.03	7 21,033.20	7 33,033.21	737,133.31	G I/HCFC3

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
										Case Rate-
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										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 41,312.81	\$ 6,540.49	\$ 63,558.17	\$33,180.28	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 27,865.09	\$ 3,301.83	\$ 42,869.37	\$25,749.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP FEMUR						Charges which
				PROC FOR MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	TRAUMA	No	\$ 96,217.06	\$ 16.085.53	\$ 143,073.70	\$40,409.53	CPT/HCPCS
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Hasnital Innations Ctore	Heavital Investigat	DDC	057	MULTIPLE SIGNIFICANT TRAUMA W	N/-	ć 130 434 33	ć 20 000 4 7	ć 205 025 50	¢cc 003 05	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	MCC	No	\$ 138,424.38	\$ 30,888.17	\$ 205,835.50	\$66,993.85	CPT/HCPCS
										C D-t-
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										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	CC	No	\$ 74,941.66	\$ 17,182.69	\$ 111,437.41	\$42,379.94	CPT/HCPCS

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<u>service dategory</u>	Service Setting	code : ypc	couc	Bestription	<u>SCI VICE:</u>	casirriec	charge	charge	charge	Estimate Type
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										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 29,995.11	\$ 6,123.35	\$ 44,602.39	\$22,518.28	CPT/HCPCS
nospital inpatient stay	nospital inpatient	Ditto	304	THE COURT OF CO.		Ç 23,333.11	ŷ 0,125.55	V 44,002.03	\$22,510.20	ci i/iici co
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										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 9,936.12	\$ 2,464.00	\$ 14,774.90	\$18,939.73	CPT/HCPCS
materiney, Bentery	nospital inpution	Ditto	700	Executive ayon bac		Ç 3,330.12	¢ 2,404.00	Ç 14)//4.50	\$10,505.75	ci i/iici co
										Case Rate-
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										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 13,687.72	\$ 3,570.00	\$ 20,353.48	\$27,313.97	CPT/HCPCS
iviaterinty/ Denvery	Trospital inpution	Ditto	703	STERREZATION WINCE	110	7 13,007.72	3,370.00	7 20,333.40	727,313.37	Ci i/iici cs
										Case Rate-
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										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 11,089.83	\$ 3,570.00	\$ 16,490.45	\$19,217.33	CPT/HCPCS
Maternity/Delivery	nospital inpatient	טאט	704	STERILIZATION W CC	INU	\$ 11,005.83	3 3,370.00	3 10,43U.45	\$15,217.33	CF 1/HCPC3
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Matarnity/Deliver:	Hasnital Innations	DRC	705	CESAREAN SECTION W	N/a	ć 0.022.22	ć 2 F40 44	ć 14 COZ CO	¢17.044.07	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 9,823.22	3 3,519.44	\$ 14,607.02	\$17,841.87	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>service eutegory</u>	Service Setting	code : ypc	couc	Bestription	<u>service:</u>	casirriec	charge	charge	charge	Estimate Type
										Case Rate-
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				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 14,089.97	\$ 3,570.00	\$ 20,951.63	\$24,145.56	CPT/HCPCS
materinty, bentery	nospital inpatient	Ditto	700	STERREDAY TOTAL TO MICE	110	Ç 14,003.37	ψ 3,37 0.00	Ç 20,551.05	\$2-1)1-13.30	Ci 1/11Ci Co
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Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	¢ 12 172 97	\$ 2,835.00	\$ 18,102.41	\$19,219.53	CPT/HCPCS
iviater inty/ Delivery	nospital inpatient	DIG	707	STERILIZATION W CC	140	3 12,173.87	7 2,833.00	7 10,102.41	313,213.33	CF 1/11CF C3
										Case Rate-
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										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 10,551.69	\$ 3,242.44	\$ 15,690.25	\$18,193.83	CPT/HCPCS
iviaterinty/ Derivery	nospital inpatient	DRG	700	STERILIZATION W/O CC/MCC	INO	\$ 10,331.03	3 3,242.44	\$ 15,050.25	\$10,193.03	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
Matarnity/Daliyar:	Hasnital Innations	DRC	705	NORMAL NEWPORM	N-	ć 1.447.33	¢ (30.00	ć 245245	612 000 20	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,447.32	\$ 626.89	\$ 2,152.15	\$12,900.38	CPT/HCPCS
										Casa Pata
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W					4	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 10,458.74	\$ 2,464.00	\$ 15,552.03	\$17,874.27	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
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										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 6,698.97	\$ 2,464.00	\$ 9,961.29	\$17,874.27	CPT/HCPCS
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Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 8,202.42	\$ 2,464.00	\$ 12,196.90	\$19,184.19	CPT/HCPCS
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										Professional
				_						Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 7,660.38	\$ 2,464.00	\$ 11,390.90	\$16,743.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 6,410.90	\$ 2,464.00	\$ 9,532.94	\$16,136.54	CPT/HCPCS
						-	-			
										Case Rate-
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Long Torm Acuto Care Innations				Pulmonany odoma, rospiratory						
Long Term Acute Care Inpatient	Innational ong Town Core Harrital	DBC	LTC190	Pulmonary edema respiratory	N-	¢ 27 402 40	¢ 74 024 40	Non Den	627 EC2 24	are paid by
Stay	Inpatient Long-Term Care Hospital	DKG	LTC189	ranure	No	\$ 37,402.18	> /4,931.49	Non-Par	\$37,563.34	CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer-Specific Negotiated Charge	Estimate Type
Long Term Acute Care Inpatient				Respiratory system diagnosis w						Case Rate- Excluding Professional Charges which are paid by
Stay	Inpatient Long-Term Care Hospital	DRG	LTC207	ventilator support >96 hours	No	\$ 96,998.14	\$ 37,703.24	Non-Par	\$75,500.01	CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	UB	200	Long Term Care Intensive Care Room & Board	No	70% Charges (Estimated as \$6,047.26 per diem)	\$1,040 Per Diem	Non-Par	N/A	Per Diem Per Day
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	UB	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem	\$ 416.15	\$1,351.80 Per Diem	100% Medicare	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 227.70	80% Charges (Estimated as \$1,706.61 Per Diem)	Non-Par	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	192	Subacute Care Level 2- Comprehensive Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 299.70	80% Charges (Estimated as \$1,706.61 Per Diem)	Non-Par	Per Diem Per Day

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
						52% Charges		80% Charges		
						Estimated at		(Estimated as		
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per		\$1,706.61 Per		Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	Diem)	Non-Par	Day
500.0	mpatient skinea itaising	00	133			Diem	y 370.00	Diemy	iton i ui	Duy
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 1,957.09	\$ 381.25	\$ 2,685.54	\$1,283.11	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 5,944.56	\$ 395.00	\$ 8,157.20	\$1,270.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 7,293.50	\$ 288.54	\$ 10,008.23	\$492.93	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,073.24	\$ 445.12	\$ 4,217.14	\$1,481.18	Case Rate
Hospital Outpatient Procedure	Hespital Outpatient	СРТ	E002E	Fetal Non-Stress Test	No	\$ 581.33	\$ 118.53	\$ 797.71	\$155.36	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	39023	retal Non-Stress Test	NO	\$ 581.33	\$ 110.55	\$ 797.71	\$155.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 302.36	\$ 48.93	\$ 414.90	\$50.76	Case Rate
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				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	No	\$ 804.63	\$ 127.22	\$ 1,331.30	\$99.28	Per Unit
								-		
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 1,715.77	\$ 207.79	\$ 2,691.70	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,507.75	\$ 127.52	\$ 2,382.36	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,246.07	\$ 223.05	\$ 1,993.25	\$162.89	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Padialagu Camicas	Hospital Outpatient	СРТ	70400	Ct angingraphy nack	No	\$ 1,001.14	\$ 223.05	\$ 1,629.05	\$162.89	Per Unit
Radiology Services	nospital Outpatient	CPT	70496	Ct angiography neck	NO	\$ 1,001.14	\$ 223.03	\$ 1,029.05	\$102.89	Per Offic
Dedictory Compact	Hassital Outsettiset	CDT	71350	CT THORAY M/O DVF	B1-	6 050.00	6 444 44	6 1 446 34	600.30	Day Hait
Radiology Services	Hospital Outpatient	СРТ	/1250	CT THORAX W/O DYE	No	\$ 858.09	\$ 141.11	\$ 1,416.34	\$99.28	Per Unit
		CD.				404.75	40.04	40046	470.76	5 11 11
Radiology Services	Hospital Outpatient	СРТ	/1045	X-ray exam chest 1 view	No	\$ 121.75	\$ 19.91	\$ 192.16	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 121.75	\$ 31.50	\$ 194.36	\$73.76	Per Unit
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$ 1,246.07	\$ 200.76	\$ 1,993.25	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,295.90	\$ 226.19	\$ 2,067.34	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$ 1,084.68	\$ 260.86	\$ 1,753.26	\$335.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 168.26	\$ 37.93	\$ 263.91	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,246.07	\$ 201.73	\$ 1,993.25	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,338.47	\$ 201.90	\$ 2,130.65	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 850.98	\$ 134.01	\$ 1,405.75	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	74150	Ct abdomen w/o dye	No	\$ 846.65	\$ 142.38	\$ 1,399.32	\$99.28	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,270.98	\$ 207.86	\$ 2,030.30	\$162.89	Per Unit
			70400	V DAY 5YAAA OF D51148		4 450.05	å 20.50	4 252.00	400.00	5
Radiology Services	Hospital Outpatient	СРТ	/2190	X-RAY EXAM OF PELVIS	No	\$ 168.26	\$ 39.60	\$ 262.99	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72000	X-ray exam of collar bone	No	\$ 121.75	\$ 22.40	\$ 191.26	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	CFI	73000	A-ray exam or conar bone	IVO	\$ 121.75	3 22.40	3 191.20	\$73.70	Per Offic
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 168.26	\$ 26.01	\$ 261.26	\$99.28	Per Unit
nadiology services	Troopital Gatpatient	C	73010	A ray exam or shoulder blade		Ţ 100.20	20101	Ç 201120	\$33.20	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 121.75	\$ 29.40	\$ 191.26	\$73.76	Per Unit
<u> </u>	·								•	
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 121.75	\$ 25.07	\$ 190.82	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 91.32	\$ 26.40	\$ 146.00	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 168.26	\$ 24.40	\$ 260.41	\$99.28	Per Unit
				v.5		A			470	5
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 121.75	\$ 32.72	\$ 191.71	\$73.76	Per Unit
Padiology Somicos	Hespital Outpatient	CDT	72552	V DAV EVANA OF FEMALID 2/5	No	\$ 121.75	¢ 20.51	¢ 102.50	\$72.76	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/5552	X-RAY EXAM OF FEMUR 2/>	No	\$ 121.75	\$ 29.51	\$ 192.56	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 176.40	\$ 32.40	\$ 272.51	\$73.76	Per Unit
Tradiology Services	nospital Outpatient	CF I	73300	A-DAT LAMIN OF RIVER FOR 2	IVU	7 170.40	9 32.40	7 2/2.51	\$73.70	i ei Oiiit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 218.41	\$ 32.40	\$ 334.99	\$73.76	Per Unit
nadiology Jet vices	nospitai Outpatient	GF I	13330	A-ray exam of lower leg	NU	ý 210.41	y 32.40	y 334.33	313.1U	i ci Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	\$ 188.76	\$ 31.98	\$ 290.90	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 210.38	\$ 25.72	\$ 323.50	\$73.76	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 173.94	\$ 29.81	\$ 268.05	\$73.76	Per Unit
radiology services	- Inospital Gatpatient	Ci i	75020	A TOTAL EXCITATION OF TOO	110	Ų 175154	Ç 25.01	Ç 200.03	\$75.70	T CI OIIIC
Dadialasu Samiaas	Hermital Outmations	CDT	72620	V Boy Foot (outpotiont)	No	\$ 188.76	ć 22.0F	ć 200.04	¢72.70	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/3030	X-Ray - Foot (outpatient)	No	\$ 188.76	\$ 33.95	\$ 290.94	\$73.76	Per Unit
				CT Scan - Abdomen and Pelvis, with					4	
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,500.65	\$ 286.79	\$ 3,858.80	\$335.82	Per Unit
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$ 79.37	\$ 59.00	\$ 258.38	\$73.76	Per Unit
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	Yes	\$ 804.63	\$ 127.22	\$ 1,331.30	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,341.96	\$ 197.29	\$ 2,135.84	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 371.53	\$ 56.38	\$ 580.59	\$162.89	Per Unit
-07	Francisco de la constanta de l			,,			. 55.50		,	
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 371.53	\$ 79.34	\$ 594.34	\$162.89	Per Unit
The divides		Ci i	74270	A ray Ani colon zeneraciata	140	y 371.33	7 75.54	9 554.54	7102.03	. c. ome
				CT Scan Abdomon and Bolsis with						
Padialagy Convices	Hospital Outpotions	CDT	74477	CT Scan - Abdomen and Pelvis, with	Voc	ć 2 500 C5	ć 300.70	ć 2.0F0.00	égar eg	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/41//	Contrast	Yes	\$ 2,500.65	\$ 286.79	\$ 3,858.80	\$335.82	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76770	US EXAM ABDO BACK WALL COMP	No	\$ 224.35	\$ 76.54	\$ 378.51	\$99.28	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 224.35	\$ 86.65	\$ 394.20	\$99.28	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 224.35	\$ 198.65	\$ 451.77	\$209.84	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 224.35	\$ 54.75	\$ 373.29	\$99.28	Per Unit
Padialam: Camiana	Heavital Outrations	CDT	70010	Ultraceund Dreemens Fellew Un	Ne	ć 224.2F	ć (4.27	¢ 200 FC	ć00 30	Day Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 224.35	\$ 64.37	\$ 386.56	\$99.28	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76010	FETAL BIOPHYS PROFILE W/NST	No	\$ 224.35	\$ 82.20	\$ 399.21	\$99.28	Per Unit
iviaternity/ Delivery	Hospital Outpatient	CPT	70010	FETAL BIOPHTS PROFILE W/NST	NO	\$ 224.55	\$ 62.20	\$ 599.21	\$99.20	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 224.35	\$ 97.44	\$ 381.13	\$99.28	Per Unit
iviaterinity/ Delivery	Tiospital Outpatient	CFT	70013	TETAL BIOFITTS FROME W/O NST	140	ÿ 224.33	3 37.44	3 301.13	333.20	rei Oiiit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 224.35	\$ 88.69	\$ 377.20	\$99.28	Per Unit
			70022			+ 1200	7 30.00	V 077.20	455.125	1 01 01111
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 168.26	\$ 56.29	\$ 262.60	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 91.46	\$ 33.80	\$ 149.31	\$73.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 147.41	\$ 55.93	\$ 197.92	\$62.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 34.21	\$ 10.45	\$ 58.32	\$8.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 42.44	\$ 4.52	\$ 63.11	\$5.02	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 195.28	\$ 26.64	\$ 290.38	\$29.60	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 36.33	\$ 12.31	\$ 54.02	\$13.68	Per Unit
,						,				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	92275	Assay carboxyhb quant	No	\$ 118.09	\$ 11.09	\$ 175.59	\$12.32	Per Unit
Laboratory & Fathology Services	nospital outputient	CIT	02373	Assay carboxyno quant	140	7 110.03	3 11.03	7 173.33	712.32	T CT OTHE
Labarrataria O Bathalani Camilana		CDT	02465	A bld/		ć 50.45	ć 2.02	ć 22.50	64.25	Day Helia
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 58.15	\$ 3.92	\$ 23.50	\$4.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 13.14	\$ 5.86	\$ 19.54	\$6.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 27.05	\$ 12.05	\$ 10.71	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$ 47.70	\$ 7.17	\$ 76.41	\$5.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 145.26	\$ 14.17	\$ 216.00	\$18.52	Per Unit
									1	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 37.95	\$ 16.91	\$ 56.43	\$18.79	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 56.40	\$ 25.15	\$ 83.86	\$27.94	Per Unit
Lawrence y at actionogy services	Trospital Outputient		32070	7.554y or estimator	110	Ç 30.40	Ç 25.15	Ç 03.00	727.54	. c. ome
Laboratory & Dathology Comicas	Hespital Outpatient	СРТ	92602	Assay of othylone glysol	No	\$ 20.99	ć 13.44	\$ 31.22	\$14.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82093	Assay of ethylene glycol	INO	\$ 20.99	\$ 13.41	ş 51.22	\$14.90	rer Unit
									400	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 75.94	\$ 20.17	\$ 112.92	\$26.07	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82947	Assay glucose blood quant	No	\$ 33.15	\$ 5.51	\$ 53.50	\$3.93	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 28.38	\$ 10.41	\$ 42.21	\$11.57	Per Unit
3,									-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 52.14	\$ 9.38	\$ 84.69	\$6.70	Per Unit
	посреда с исранен		30700	rissay or magnesium		Ţ 52.12 :	+ 5.55	+ • • • • • • • • • • • • • • • • • • •	75.75	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of natriuretic peptide	No	\$ 178.52	\$ 35.33	\$ 265.46	\$39.26	Per Unit
Laboratory & Fathology Services	Hospital Outpatient	CFT	83880	Assay of flatfluretic peptide	INO	\$ 176.52	3 33.33	\$ 203.40	\$39.20	rei oiiit
			04400			A 54 F6	A	A 05 E0	44.74	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.56	\$ 6.64	\$ 96.59	\$4.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 67.82	\$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 67.82	\$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 55.44	\$ 18.77	\$ 80.90	\$20.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 43.56	\$ 4.33	\$ 64.77	\$4.81	Per Unit
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				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 56.72	\$ 23.52	\$ 102.31	\$16.80	Per Unit
			5.445			7 30.72	÷ 25.52	, 102.01	7-3.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	9//00	Assay triiodothyronine (t3)	No	\$ 99.64	\$ 12.76	\$ 148.17	\$14.18	Per Unit
Laboratory & Fathology Services	nospitai Outpatient	CFI	04400	Assay tillouothyrollille (ts)	140	95.04	12./6	y 140.17	314.10	rei Unit
									4.5.5	
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 84.53	\$ 10.26	\$ 125.69	\$12.47	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 130.13	\$ 11.54	\$ 193.50	\$15.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 27.88	\$ 2.13	\$ 41.46	\$2.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 47.56	\$ 16.11	\$ 70.72	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 55.42	\$ 7.44	\$ 82.42	\$9.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 25.46	\$ 8.24	\$ 37.86	\$9.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 45.07	\$ 4.96	\$ 82.02	\$5.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 13.06	\$ 5.82	\$ 19.42	\$6.47	Per Unit
			05445						45.40	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 50.17	\$ 4.66	\$ 74.60	\$5.18	Per Unit
Laboratorio O Dati II Cont	Hamilton Contract	CDT	00000	Table backet as 11 of		6 57.5-	ć	A 400	646.00	Day Hair
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 67.25	\$ 42.28	\$ 100.00	\$46.98	Per Unit
Laboratory 9 Dathalam Camica	Hospital Outpotions	CDT	96364	T call absolute equat	No	ć 437.30	6 3440	ć 204.20	¢20.70	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 137.38	\$ 24.10	\$ 204.28	\$26.78	Per Unit
Laboratory & Bathalam Comissa	Hospital Outpations	СРТ	96434	Phoumatoid factor sugart	No	\$ 54.53	¢ = 10	\$ 81.08	\$E 67	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	00431	Rheumatoid factor quant	No	\$ 54.53	\$ 5.10	\$ 91.08	\$5.67	Per Unit
Laboratory & Pathology Somices	Hospital Outpations	СРТ	96503	Symbilis tost non tron gual	No	\$ 39.12	\$ 3.84	\$ 58.18	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00337	Syphilis test non-trep qual	No	39.12 ب	ې 5.84	55.18 د	34.27	rei Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 58.18	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 59.36	\$ 9.16	\$ 88.26	\$10.18	Per Unit
Laborata III O Bathala II Camila a	Hamital Outrations	CDT	00077	Halfanka akan malantan kilonda	N.	ć 20.20	ć 45.43	6 47.20	Ć4.C 0E	Day Haife
Laboratory & Pathology Services	Hospital Outpatient	СРТ	866//	Helicobacter pylori antibody	No	\$ 29.29	\$ 15.13	\$ 47.20	\$16.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96602	Hepatitis delta agent antbdy	No	\$ 30.17	\$ 15.44	\$ 44.86	\$17.16	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	80032	nepatitis deita agent antibuy	NO	3 30.17	3 13.44	3 44.80	\$17.10	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 33.21	\$ 12.41	\$ 122.54	\$13.79	Per Unit
						7 33.22	7	· -	7	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 89.09	\$ 10.85	\$ 132.48	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 23.77	\$ 10.59	\$ 35.35	\$11.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 102.41	\$ 9.67	\$ 152.28	\$10.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 23.49	\$ 11.15	\$ 34.94	\$12.39	Per Unit
			00700			A	A		44.5.55	5 11 11
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 65.86	\$ 12.95	\$ 120.30	\$14.39	Per Unit
Laboratory & Pathology Somices	Hospital Outpationt	СРТ	96765	Puboola antibody	No	\$ 26.01	¢ 11 E0	¢ 20.60	\$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	00/05	Rubeola antibody	INO	\$ 26.01	\$ 11.59	\$ 38.68	\$12.88	rei Unit
				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86760	ANTIBODY	No	\$ 53.26	\$ -	\$ 79.20	\$42.13	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CF I	00/03	ARTIBODI	INU	ى 33،20	7	y /3.20	J72.13	i ci Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge		Estimate Type
Service Category	Service Setting	code Type	code	Description	Servicer	<u>Cash Price</u>	Charge	Charge	<u>Charge</u>	Estimate Type
Laboratory & Dathalam Comissa	Heavital Outrations	СРТ	0.700	Visus antibado nas	Ne	\$ 26.01	\$ 11.59	\$ 38.68	\$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86/90	Virus antibody nos	No	\$ 26.01	\$ 11.59	\$ 38.08	\$12.88	Per Unit
Laboratory & Both J. C	Hamital Outrait	CDT	00000	Dha andha da ann		A 24.55	6 - 5-		645.00	Day Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 21.03	\$ 5.00	\$ 31.26	\$45.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 253.19	\$ 5.65	\$ 376.50	\$136.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 306.14	\$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 306.14	\$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	\$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	\$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 6.02	\$ 4.84	\$ 8.95	\$265.60	Per Unit
3,									-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 253.19	\$ 13.44	\$ 376.50	\$136.01	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 138.54	\$ 9.29	\$ 206.00	\$10.32	Per Unit
			5.040			7 130.34	7 3.23	200.00	7-3:32	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97110	Chlamydia culture	No	\$ 135.26	\$ 17.64	\$ 201.14	\$19.60	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	CF I	0/110	Cinality dia Culture	140	y 135.20	y 17.04	Ç 201.14	\$15.00	i ei Oiiit
				Lab Tost Dotostion tost for						
Laboratori O Doth - I C	Heavital Outpatient	CDT	07240	Lab Test - Detection test for	N1 =	6 65 77	6 000	6 07	610.22	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/340	Hepatitis B Surface Antigen	No	\$ 65.75	\$ 9.30	\$ 97.77	\$10.33	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Lab Test - Detection test for HIV-1						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$ 114.26	\$ 21.67	\$ 169.90	\$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 38.74	\$ 10.78	\$ 9.58	\$11.98	Per Unit
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				Urine Test - Gonorrhoeae (Neisseria						
Laboratori P. Dathalami Camilaas	Hamital Outrations	СРТ	07501		Na	ć 02.2F	ć 21 F0	ć 130.cc	¢35.00	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	8/591	Gonorrhoeae Bacteria)	No	\$ 93.25	\$ 31.58	\$ 138.66	\$35.09	Per Unit
				07625						
				87635 - SARS-COV-2 COVID-19 AMP						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	PRB	No	\$ 55.21	\$ -	\$ 82.10	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$ 93.25	\$ 31.58	\$ 138.66	\$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 89.94	\$ 19.87	\$ 148.06	\$16.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 71.19	\$ -	\$ 105.86	\$0.00	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 80.64	\$56.54	Per Unit
									1	
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$ -	\$ 31.53	\$0.00	Per Unit
			33472	- tattional component	.40	7 12.30	Ŧ	7 52.55	90.00	. S. Ot
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Chamatharany	Hospital Outpations	СРТ	06413	Chemo iv infusion 1 hr	No	\$ 583.25		\$ 867.28	\$290.77	Per Unit
Chemotherapy	Hospital Outpatient	CFI	50413	CHEMIO IV III USION I III	INO	φ 585.25		<i>⇒</i> 807.28	343U.//	rei Unit
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Chemotherapy	Hospital Outpatient	CPT	96415	Chemo iv infusion addl hr	No	\$ 114.07		\$ 169.62	\$56.54	Per Unit

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Chemotherapy	Hospital Outpatient	СРТ	96417	Chemo iv infus each addl seq	No	\$ 114.07		\$ 169.62	\$56.54	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	70491	Ct soft tissue neck w/dye	No	\$ 1,069.80		\$ 1,590.78	\$162.89	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	71271	Ct thorax lung cancer scr c-	No	\$ 152.19		\$ 226.31	\$99.28	Per Unit
				3					·	
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 123.61	\$ 66.86	\$ 169.62	\$56.54	Case Rate
									·	
Pet Scan	Hospital Outpatient	СРТ	78815	Pet image w/ct skull-thigh	No	\$ 3,017.62		\$ 4,487.17	\$1,349.70	Per Unit
Pet Scan	Hospital Outpatient	СРТ	78816	Pet image w/ct full body	No	\$ 3,017.62		\$ 4,487.17	\$1,349.70	Per Unit
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	\$ 111.89	\$ 46.24	\$ 1,080.34	\$108.76	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 80.30	\$ 22.90	\$ 119.40	\$28.26	Per Unit
								Service Not		
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Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	Payer	\$10,253.71	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 115.23	\$36.49	Per Unit
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ 49.50	\$36.49	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer-Specific Negotiated Charge	Estimate Type
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97530	Physical Therapy - Therapeutic Activities	No	\$ 83.07	\$ 17.40	\$ 142.23	\$35.32	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 187.14	\$ 77.05	\$ 278.27	\$96.78	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 187.14	\$ 72.00	\$ 96.00	\$96.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 492.51	\$ -	\$ 732.35	\$114.43	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.18	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.35	\$ 0.78	\$ 3.28	\$-	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 30.80	\$ -	\$ 41.47	\$10.74	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 816.35	\$ -	\$ 4,336.21	\$176.46	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 447.50	\$ 161.58	\$ 614.06	\$163.76	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 804.56	\$ 167.15	\$ 1,104.03	\$315.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 781.92	\$ 157.92	\$ 1,072.96	\$163.76	Case Rate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 1,185.82	\$ 182.39	\$ 1,627.20	\$238.26	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 377.88	\$ 135.86	\$ 518.54	\$150.12	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,532.81	\$ 61.00	\$ 3,475.56	\$737.90	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 3,909.14	\$ 372.00	\$ 5,364.18	\$737.90	Case Rate
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				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,399.03	\$ 335.79	\$ 3,291.98	\$723.69	Case Rate
				(Cateposite)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	7 3/202.00	7120100	
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$ 2,423.51	\$ 343.06	\$ 3,325.57	\$945.65	Case Rate
	Trospitar Gatpatient	C. 1	45500	(outputient)	103	Ç 2,423131	ў 343.00	ÿ 3,323.37	43-13103	cuse mate
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	(outpatient)	Yes	\$ 2,553.22	\$ 354.50	\$ 3,503.56	\$945.65	Case Rate
Trospital Outpatient Frocedure	Trospital Outpatient	CFI	45363	(outputient)	163	y 2,333.22	Ç 334.30	Ç 3,303.30	7343.03	case nate
Hasnital Outpatient Presedura	Hospital Outpatient	CDT	E1700	Living Conscitu Magazuromant	No	\$ 248.09	s .	ć 240.42	¢50.76	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	21/38	Urine Capacity Measurement	No	\$ 248.09	\$ -	\$ 340.43	\$50.76	Case Rate
Harrist Control in 12	Hamital Outrati	CDT	F2000	Contactorium		A 040 55	A 202 TO	A 4 204 55	éras ca	Corre De 1
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 948.42	\$ 282.78	\$ 1,301.43	\$524.64	Case Rate
		1								
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 702.11	\$ 284.76	\$ 963.45	\$1,632.83	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 354.58	\$ 144.00	\$ 486.56	\$155.36	Case Rate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 536.76	\$ 48.93	\$ 736.54	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 669.25	\$ 32.34	\$ 918.35	\$257.20	Case Rate
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 163.49	\$ 17.40	\$ 80.00	\$73.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,075.17	\$ 136.86	\$ 1,739.13	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 121.75	\$ 37.93	\$ 194.76	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 224.35	\$ 33.93	\$ 347.31	\$99.28	Per Unit
3,7										
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	СРТ	72110		Yes	\$ 168.26	\$ 52.80	\$ 269.38	\$99.28	Per Unit
						7 200.20	7	,	700.00	7 01 01110
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 487.71	\$ 61.00	\$ 725.22	\$241.35	Per Unit
			55017	The state of the s		7 407.77	÷ 02.30	7 ,25,22	Ţ_ /1.00	
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 224.35	\$ 28.72	\$ 344.26	\$99.28	Per Unit
naaiology services	nospital Outpatient	CF I	72170	A-may - reivis	140	y 224.35	y 20.72	ÿ 344.20	333.20	i ei Oiiit
Medicine Other	Hospital Outpations	CDT	02200	Tto w/donnlar complete	No	\$ 953.92	\$ 322.26	\$ 1,508.46	\$440.64	Por Unit
ivieuicille Otilei	Hospital Outpatient	СРТ	75500	Tte w/doppler complete	No	\$ 953.92	\$ 322.26	<i>φ</i> 1,508.46	\$440.64	Per Unit
Hamital Observation 5	Hamital Outrail	CDT	66076	Hamital abanist	.,	A 255 55	6 60= 65	A 24.55.55		Day Hait
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 255.22	\$ 605.00	\$ 24,131.86	\$-	Per Unit
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Radiology Services	Hospital Outpatient	CPT	73030	X-Ray - Shoulder (outpatient)	No	\$ 121.75	\$ 28.33	\$ 192.56	\$73.76	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer-Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 121.75	\$ 30.72	\$ 191.71	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,344.67	\$ 252.20	\$ 2,104.42	\$209.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 121.75	\$ 37.77	\$ 194.76	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 233.07	\$ 36.52	\$ 358.09	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,005.53	\$ 406.50	\$ 3,179.47	\$335.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 121.75	\$ 28.31	\$ 192.16	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,065.91	\$ 402.71	\$ 3,059.51	\$335.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 224.35	\$ 78.79	\$ 367.82	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 121.75	\$ 78.52	\$ 222.48	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 224.35	\$ 91.69	\$ 382.85	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 224.35	\$ 46.05	\$ 369.56	\$99.28	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 224.35	\$ 100.36	\$ 394.84	\$99.28	Per Unit
				Ultrasound - Transvaginal (non-						
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$ 224.35	\$ 98.63	\$ 375.88	\$99.28	Per Unit
			75075			A 224.25		A 375 40	400.00	
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$ 224.35	\$ 70.34	\$ 375.48	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$ 271.82	\$ 107.57	\$ 453.69	\$80.74	Per Unit
Radiology Services	Hospital Outpatient	CFT	77003	Wallingraphy of one breast	163	\$ 271.82	3 107.37	3 433.03	380.74	rei oiiit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 343.48	\$ 135.81	\$ 571.80	\$102.96	Per Unit
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De diele en Comite e	Hamital Outrations	CDT	77067	0.0	W	¢ 276.60	ć 100.33	ć 457.53	ćor oc	Day Haite
Radiology Services	Hospital Outpatient	СРТ	//06/	Mammogram (outpatient)	Yes	\$ 276.60	\$ 109.22	\$ 457.52	\$85.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 539.40	\$ 336.74	\$ 898.75	\$1,191.71	Per Unit
radiology Scrvices	Trospital Outputient	Ci i	70432	wyocaraiar imaging (outpatient)	110	\$ 333.40	330.74	ÿ 030.73	71,131.71	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 159.70	\$ 11.84	\$ 246.51	\$8.46	Per Unit
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				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$ 92.22	\$ 14.78	\$ 148.44	\$10.56	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Panel	Yes	\$ 48.09	\$ 12.05	\$ 71.51	\$13.39	Per Unit
				Blood Test - Renal (Kidney) Function						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Panel	Yes	\$ 13.92	\$ 8.68	\$ 29.98	\$8.68	Per Unit
			00000	Blood Test - Hepatic (Liver) Function	.,			A	40.5-	
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Panel	Yes	\$ 148.16	\$ 11.44	\$ 229.05	\$8.17	Per Unit

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				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 5.22	\$ 4.44	\$ 36.99	\$3.17	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 22.60	\$ 3.16	\$ 10.16	\$2.25	Per Unit
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				Blood Test - Vitamin B-12						
						A 20.40	40.55	45.00	445.00	5 11 11
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 30.42	\$ 13.57	\$ 45.23	\$15.08	Per Unit
				Blood Test - Ferritin (Blood Protein)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$ 27.50	\$ 19.09	\$ 55.48	\$13.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 39.06	\$ 13.23	\$ 58.08	\$14.70	Per Unit
			027.10			+ - - - - - - - - - -	7 25.25	7 50.00	4 2	
				Blood Test - Blood Glucose Control						
		CD-T	00000					400.55	40.74	B 11.5
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 73.74	\$ 8.74	\$ 109.65	\$9.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 50.28	\$ 9.06	\$ 81.69	\$6.47	Per Unit
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 71.87	\$ 6.20	\$ 106.87	\$6.89	Per Unit
, 10,11					-					
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84152	Antigen (PSA) Level	Yes	\$ 67.06	\$ 25.75	\$ 119.39	\$18.39	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	CF I	04133	Antigen (FSA) Level	163	\$ 07.00	23.73	7 113.33	910.33	T Cr Offic
l									445	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 110.02	\$ 16.55	\$ 163.60	\$18.39	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 68.50	\$ 8.12	\$ 101.86	\$9.02	Per Unit
	primi washaciene	<u> </u>	0.400			T 00.00	T 0.22	7 101.00	70.02	

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				Blood Test Thomaid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	04442	Blood Test - Thyroid Stimulating Hormone (TSH) Level	Yes	\$ 56.72	\$ 23.52	\$ 102.31	\$16.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	04443	Hormone (13H) Level	res	\$ 50.72	\$ 25.52	\$ 102.51	\$10.00	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 76.57	\$ 10.88	\$ 122.17	\$7.77	Per Unit
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				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 62.89	\$ 5.82	\$ 93.52	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.12	\$ 6.01	\$ 69.81	\$4.29	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 47.60	\$ 5.41	\$ 70.78	\$6.01	Per Unit
			00000	Blood Test - Hepatitis C Antibody		4 50.00	42.04	404.05	444.07	5
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Level	No	\$ 69.98	\$ 12.84	\$ 104.06	\$14.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 143.43	\$ 7.76	\$ 213.27	\$8.62	Per Unit
Laboratory & Fathology Scretces	Trospital Outputient	Ci i	07070	Dacterial Caltare - Swab	140	ÿ 143.43	7.70	ÿ 213.27	70.02	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 62.53	\$ 7.27	\$ 92.98	\$8.08	Per Unit
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				Test for Disease-Causing						
				(Pathogenic) Organisms, Not						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$ 67.18	\$ 5.97	\$ 124.87	\$6.63	Per Unit
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 85.00	\$ 7.26	\$ 126.40	\$8.07	Per Unit
Laboratory 9 Dathslam Comiss-	Hospital Outpotions	CDT	07000	Uning Tost Posts riel Culture	N-	6 46.35	ć 7.20	6 34.34	60.00	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	0/088	Urine Test - Bacterial Culture	No	\$ 16.35	\$ 7.28	\$ 24.31	\$8.09	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	coue	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	\$ 71.55	\$ 7.79	\$ 106.40	\$8.65	Per Unit
						1				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 51.65	\$ 3.84	\$ 76.81	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/203	Lab Test - Sillear for Microorganism	INO	\$ 51.05	3 3.04	\$ 70.81	34.27	Per Offit
						1				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97/191	Urine Test - Chlamydia	No	\$ 112.18	\$ 31.58	\$ 166.82	\$35.09	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFT	87431	Office rest - Chiamyula	140	7 112.10	3 31.38	7 100.82	333.03	rei oiiit
				Lab Test - Detection test for		1				
Laboratori P. Dathalami Camilaas	Heavital Outrations	CDT	07004	Influenza Virus	No	\$ 35.62	ć 10.03	ć 62.24	¢10 FF	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Illiueliza virus	No	\$ 35.62	\$ 19.82	\$ 62.34	\$16.55	Per Unit
Vaccination	Hospital Outpatient	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 439.37	\$257.99	Per Unit
vaccination	Hospital Outpatient	CFT	30070	for injection into Muscle	NO	\$ 283.33	3 9.30	3 433.37	3237.33	Per Offic
Vaccination	Hospital Outpatient	СРТ	90715	Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$ 57.74	\$ -	\$ 139.46	\$38.28	Per Unit
v decination	- Iospital Outputient		30/13	THE SECTION OF THE SE	.40	y 37.74		Ç 133.40	930.20	. cr ome
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Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 109.68	ś -	\$ 172.64	\$50.76	Per Unit
			30000			,	T	7 2.2104	755.75	
Medicine Physical Medicine and				Physical Therapy - Manual Electrical		1				
Rehabilitation	Hospital Outpatient	СРТ	97032		No	\$ 32.34	\$ 12.56	\$ 48.10	\$14.07	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound			1			
•	Hospital Outpatient	СРТ	97035	ı ,	No	\$ 27.85	\$ 11.95	\$ 41.41	\$13.61	Per Unit

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Medicine Physical Medicine and Rehabilitation Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97110 Physical Therapy - Neuromuscular Reducation Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97140 Physical Therapy - Manual Therapy No \$ 58.15 \$ 23.73 \$ 108.21 \$ 526.03 Per Unit Medicine Physical Medicine and Rehabilitation Medicine Physical Me	Service Category	Service Setting	Code Type	Code	Description	Required Shoppable		Minimum Negotiated	Maximum Negotiated	Negotiated	Estimate Type
Rehabilitation Hospital Outpatient CPT 97110 Exercises Yes \$ 91.82 \$ 17.40 \$ 136.53 \$28.26 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97112 Physical Therapy - Neuromuscular Reeducation No \$ 72.35 \$ 26.14 \$ 107.58 \$32.77 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97140 Physical Therapy - Manual Therapy No \$ 58.15 \$ 23.73 \$ 108.21 \$26.03 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97161 Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 173.88 \$ 71.97 \$ 96.00 \$96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$96.16 Per Unit											
Rehabilitation Hospital Outpatient CPT 97112 Reeducation No \$ 72.35 \$ 26.14 \$ 107.58 \$32.77 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97140 Physical Therapy - Manual Therapy No \$ 58.15 \$ 23.73 \$ 108.21 \$26.03 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97161 Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Complexity Evaluation No \$ 173.88 \$ 71.97 \$ 96.00 \$96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - High Complexity Realization No \$ 173.88 \$ 71.97 \$ 258.56 \$96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - Re-Evaluation No \$ 117.26 \$ 48.67 \$ 174.37 \$ 66.	-	Hospital Outpatient	СРТ	97110		Yes	\$ 91.82	\$ 17.40	\$ 136.53	\$28.26	Per Unit
Rehabilitation Hospital Outpatient CPT 97140 Physical Therapy - Manual Therapy No \$ 58.15 \$ 23.73 \$ 108.21 \$26.03 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97161 Physical Therapy - Low Complexity Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$96.16 Per Unit Physical Medicine Physical Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Complexity Evaluation No \$ 173.88 \$ 71.97 \$ 96.00 \$96.16 Per Unit Physical Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$96.16 Per Unit Physical Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - Re-Evaluation No \$ 117.26 \$ 48.67 \$ 174.37 \$ 66.01 Per Unit Physical Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97535 Home Management Training No \$ 71.27 \$ - \$ 132.65 \$31.35 Per Unit Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpatient) No \$ 218.75 \$ 74.98 \$ 300.17 \$66.15 Case Rate	-	Hospital Outpatient	СРТ	97112	1 11	No	\$ 72.35	\$ 26.14	\$ 107.58	\$32.77	Per Unit
Medicine Physical Medicine and Rehabilitation No \$ 173.88 \$ 71.97 \$ 966.16 Per Unit Medicine Physical Medicine and Rehabilitation No \$ 173.88 \$ 71.97 \$ 966.01 Per Unit Medicine Physical Medicine and Rehabilitation No \$ 173.88 \$ 71.97 \$ 966.01 Per Unit Medicine Physical Medicine and Rehabilitation No \$ 173.88 \$ 71.97 \$ 966.01 Per Unit Medicine Physical Medicine and Rehabilitation No \$ 173.88 \$ 71.97 \$ 966.01 Per Unit Medicine Physical	-	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 58.15	\$ 23.73	\$ 108.21	\$26.03	Per Unit
Rehabilitation Hospital Outpatient CPT 97161 Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$ 96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Complexity Evaluation No \$ 173.88 \$ 71.97 \$ 96.00 \$ 96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$ 96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - High Complexity Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - Re-Evaluation No \$ 117.26 \$ 48.67 \$ 174.37 \$ 66.01 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97535 Home Management Training No \$ 71.27 \$ - \$ 132.65 \$ 31.35 Per Unit Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpatient) No \$ 218.75 \$ 74.98 \$ 300.17 \$ 66.15 Case Rate											
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Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 173.88 \$ 71.97 \$ 258.56 \$96.16 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - Re-Evaluation No \$ 117.26 \$ 48.67 \$ 174.37 \$66.01 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97535 Home Management Training No \$ 71.27 \$ - \$ 132.65 \$31.35 Per Unit Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpatient) No \$ 218.75 \$ 74.98 \$ 300.17 \$66.15 Case Rate	*	Hospital Outpatient	СРТ	97162		No	\$ 173.88	\$ 71.97	\$ 96.00	\$96.16	Per Unit
Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - Re-Evaluation No \$ 117.26 \$ 48.67 \$ 174.37 \$66.01 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97535 Home Management Training No \$ 71.27 \$ - \$ 132.65 \$31.35 Per Unit Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpatient) No \$ 218.75 \$ 74.98 \$ 300.17 \$66.15 Case Rate	Medicine Physical Medicine and				Physical Therapy - High Complexity						
Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - Re-Evaluation No \$ 117.26 \$ 48.67 \$ 174.37 \$66.01 Per Unit Medicine Physical Medicine and Rehabilitation CPT 97535 Home Management Training No \$ 71.27 \$ - \$ 132.65 \$31.35 Per Unit Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpatient) No \$ 218.75 \$ 74.98 \$ 300.17 \$66.15 Case Rate	Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 173.88	\$ 71.97	\$ 258.56	\$96.16	Per Unit
Rehabilitation Hospital Outpatient CPT 97535 Home Management Training No \$ 71.27 \$ - \$ 132.65 \$31.35 Per Unit Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpatient) No \$ 218.75 \$ 74.98 \$ 300.17 \$66.15 Case Rate		Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 117.26	\$ 48.67	\$ 174.37	\$66.01	Per Unit
Emergency Room Visit Hospital Outpatient CPT 99281 Emergency Department Visit - No \$ 218.75 \$ 74.98 \$ 300.17 \$66.15 Case Rate	*	Hospital Outpatient	СРТ	97535		No	\$ 71.27	\$ -	\$ 132.65	\$31.35	Per Unit
				3.333			7 71.27	Ť	7 132.03	401.00	. c. o.i.it
Emergency Department Visit - Low	Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 218.75	\$ 74.98	\$ 300.17	\$66.15	Case Rate
Emergency Room Visit Hospital Outpatient CPT 99282 Complexity (outpatient) No \$ 404.82 \$ 93.52 \$ 555.50 \$119.78 Case Rate	Emergency Room Visit	Hospital Outpatient	СРТ	99787	Emergency Department Visit - Low	No	\$ 404.92	\$ 93.52	\$ 555 50	\$119.78	Case Rate

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				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 929.87	\$ 182.62	\$ 1,275.98	\$211.04	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$ 2,470.23	\$ 270.43	\$ 3,389.68	\$331.74	Case Rate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,326.63	\$ 458.20	\$ 4,564.84	\$476.17	Case Rate
S - 1/ - 11 - 11 - 11				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 19,712.86	\$ 425.50	\$ 27,050.24	\$679.28	Case Rate